

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re:

Joseph M. Panigall

Sheila A. Panigall

Debtors

Ronda J. Winnecour, Trustee

Movant

v.

PHEAA FRN

Bankruptcy No. 18-24599-CMB

Chapter 13

Related to Claim No. 7

REQUEST TO RESTRICT PUBLIC ACCESS TO CLAIM

Pursuant to W.PA.LBR 9037-1 and understanding that the redaction of any information other than the identifiers specifically enumerated in Fed. R. Bankr. P. 9037 requires a separate motion and Court approval, under penalty of perjury, the **UNDERSIGNED HEREBY CERTIFIES** that:

1. Pennsylvania Higher Education Assistance Agency ("PHEAA") filed a proof of claim, Claim No. 7 in the above-captioned case on December 31, 2018 which contains one or more of the identifiers enumerated in Fed. R. Bankr. P. 9037.

2. On August 4, 2021, PHEAA filed an amended claim on the claims register in compliance with W.PA.LBR 3002-2(a), a copy of which is attached hereto, and the only change made to the original claim is the redaction of personal identifiers.

3. I am requesting that the Court take whatever steps are necessary to restrict public access to the unredacted claim.

Date: August 13, 2021

RECEIVED

AUG 23 2021

CLERK, U.S. BANKRUPTCY COURT
WEST DIST OF PENNSYLVANIA

/s/ Nathan Summey

Nathan Summey

GIR Representative I

Guarantor Insurer Relations

Pennsylvania Higher Education Assistance Agency

1200 North 7th Street

Harrisburg, PA 17102

Phone: 717-720-3499

Nathan.Summey@PHEAA.org

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re:

Joseph M. Panigall

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: Bankruptcy No. 18-24599-CMB

: Chapter 13

: Related to Claim No. 7

CERTIFICATE OF SERVICE

I hereby certify that I caused true and correct copies of PHEAA's **REQUEST TO RESTRICT PUBLIC ACCESS TO CLAIM** to be served upon the following individuals via United States first-class mail, postage prepaid, addressed as follows:

Joseph M. Panigall and Sheila A. Panigall, Debtors
c/o Abagale E. Steidl, Esq.
Steidl & Steinberg
707 Grant Street
28th Floor - Gulf Tower
Pittsburgh, PA 15219

RECEIVED

AUG 23 2021

Joseph S. Sisca, Esq.
Assistant U.S. Trustee
Office of the United States Trustee
Suite 970, Liberty Center
1001 Liberty Avenue
Pittsburgh, PA 15222

CLERK, U.S. BANKRUPTCY COURT
WEST DIST OF PENNSYLVANIA

Ronda J. Winnecour, Trustee
c/o Katherine DeSimone, Esq.
U.S. Steel Tower – Suite 3250
600 Grant Street
Pittsburgh, PA 15219

Date: August 17, 2021



Nicholas W. Peachey
Attorney, Legal Services Division
Pennsylvania Higher Education Assistance Agency
1200 North 7th Street
Harrisburg, PA 17102
Nicholas.Peachey@pheaa.org
Phone: 717-720-1555
Fax: 717-720-3911

Fill in this information to identify the case:

Debtor 1 SHEILA A PANIGALL

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 18-24599

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>PHEAA FRN</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>PHEAA</u> Name <u>PO Box 8147</u> Number Street <u>Harrisburg</u> <u>PA</u> <u>17105</u> City State ZIP Code Contact phone <u>(800) 892-7576</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>PHEAA</u> Name <u>PO Box 1375</u> Number Street <u>Buffalo</u> <u>NY</u> <u>14240</u> City State ZIP Code Contact phone <u>(800) 892-7576</u> Contact email _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>07</u> Filed on <u>12/31/2018</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>PHEAA FRN</u>	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 2 6 1

7. How much is the claim? \$ 12,390.70. Does this amount include interest or other charges?
☐ No
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Student Loan

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☒ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/04/2021
MM / DD / YYYY

/s/ NATHAN A SUMMEY
Signature

Print the name of the person who is completing and signing this claim:

Name NATHAN A SUMMEY
First name Middle name Last name

Title Authorized Personnel

Company American Education Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City _____ State _____ ZIP Code _____

Contact phone 717-720-2015 Email GIR_Legal_Review@aessuccess.org



American Education Services
P.O. Box 2461 Harrisburg, PA 17105-2461
Toll-free 1-800-233-0557 • TDD 717-720-2354
Fax 717-720-3916 • International 717-720-3100

In RE: SHEILA A PANIGALL
CASE NUMBER: 18-24599

Itemized statement of interest or charges

TOTAL AMOUNT OF LOAN AT TIME OF BANKRUPTCY FILING:	\$12,390.70
TOTAL PRINCIPAL DUE:	\$12,252.37
TOTAL INTEREST DUE:	\$124.60
TOTAL PREPAYMENT FEE:	\$0.00
TOTAL DAILY INTEREST:	\$2.30
TOTAL PAST DUE AMOUNT:	\$232.05
TOTAL LATE FEES DUE:	\$13.73

FFEL Consolidation Program

Pennsylvania Higher Education Assistance Agency

Network Consolidation Center, P.O. Box 8139, Harrisburg, PA 17105

APPLICATION/PROMISSORY NOTE

PA

Please be sure to review the important information on the back of your "Applicant Copy" before you proceed with this application.

SHEILA A. PANIGALL

SSN: -2261
BIRTH DATE: '1971
OUT SCHL DT:

Total Amount Consolidated

Please indicate your desired repayment schedule below. These estimated repayment options are available to you based on the loan information you have provided on the left. Once you have compared the monthly payment and total loan payment amounts, please check the repayment option best suited to your needs.

Please note, the first two years of both Select/2 and Select/5 are payments to interest only.

BORROWER CERTIFICATION

By means of this application, the student am applying to have my loans consolidated into a Consolidation Loan, as allowed under Section 428c of the Higher Education Act of 1965, as amended ("The Act"). If the Lender, acting as Lender or Lender Agent, accepts this application, it is my understanding the Lender will advance funds on my behalf to creditors who currently hold eligible loans named in this application which I select for consolidation under the FFEL CONSOLIDATION PROGRAM. The funds so advanced by the Lender will be disbursed to the holder(s) of the loans designated on this application in order to pay off these loans. I further understand that the amount of my Consolidation Loan will equal the sum of the amounts which my creditors verify as the pay-off balances on the selected loans. This amount may be more or less than the estimated total balance I have indicated here. If the verified total balance in loans to be consolidated exceeds my estimate by \$1,000 or more, the Lender will notify me before originating my new Consolidation Loan.

I certify that the information contained on this application is true and correct and that I do not currently have another Consolidation Loan Application pending with another Lender. I certify that I am in repayment status or in a grace period preceding repayment and I am not 90 days or more delinquent on any of the loans that I have chosen for consolidation. I understand that should I decide to consolidate while in my grace period, I will forfeit my GSL (Stafford) interest subsidy. I also understand that should any unpaid balance(s) remain once the Lender has paid off the holder(s) of the loans designated in this application for consolidation, it is my responsibility to resolve the matter with the applicable creditor. I certify that I am not now in default on a Perkins Loan (formerly NDSL) or a Stafford Loan (GSL), FSL, or a Supplemental Loan for Students (including an ALAS loan), PLUS loan, Income Contingent Loan, or Consolidation Loan. I further certify that I do not owe a refund on any PELL Grant or Supplemental Educational Opportunity Grant. I also certify that if the Lender or acting agent does not hold any of my loans selected herein for consolidation, I have sought but been unable to obtain a Consolidation Loan from the holder(s) of the loans I wish to consolidate. I have read the accompanying application instructions, civil and criminal penalties, and understand my rights and responsibilities under the Consolidation Loan Program.

I, PROMISE TO PAY. I, the undersigned (the borrower), for full value received, promise to pay to the order of the Lender or subsequent holder, the principal sum equal to the amount required to discharge the loans indicated in this Application and identified to me as the Loan Repayment Schedule Disclosure Statement, plus an amount equivalent to simple interest on this loan as specified in the Loan Repayment Schedule Disclosure Statement which will be provided to me at the time my former creditors have discharged my obligations on the loans selected for consolidation. I will also pay any other charges which may become due as provided in Paragraph IV or the reverse side.

If I fail to pay any of these amounts when they are due, I will also pay all charges and other costs, including attorney's fees and court costs, that are permitted by Federal law and regulations for the collection of these amounts.

I UNDERSTAND THAT THIS IS A PROMISSORY NOTE. I WILL NOT SIGN THE PROMISSORY NOTE BEFORE READING IT, INCLUDING THE WRITING ON THE REVERSE SIDE. EVEN IF OTHERWISE ADVISED, I AM ENTITLED TO AN EXACT COPY OF THIS PROMISSORY NOTE, THE CONSOLIDATION LOAN REPAYMENT SCHEDULE DISCLOSURE STATEMENT AND ANY AGREEMENT I SIGN BY SIGNING THIS PROMISSORY NOTE. I ACKNOWLEDGE THAT I HAVE RECEIVED AN EXACT COPY HEREOF. MY SIGNATURE CERTIFIES THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE CONDITIONS AND AUTHORIZATION STATED IN THE "BORROWER CERTIFICATION" PRINTED ABOVE BY MEANS OF MY SIGNATURE BELOW I AM ALSO AUTHORIZING THE LENDER TO VERIFY MY LOAN BALANCES WITH THE APPROPRIATE CREDITORS IN ORDER TO PAY OFF THOSE LOANS ON MY BEHALF. COPIES OF MY SIGNATURE CARRY THE SAME WEIGHT AS MY ORIGINAL

WARNING:

The penalty for submission of fraudulent information on this form may be repayment of triple any amount of money received plus a fine and/or imprisonment.

SIGN
HERE


Borrower Signature

NUMBER

2241

DATE COMPLETED

12/08/01



Legal Services Division

1200 North Seventh Street, Harrisburg, PA 17102

Phone: 717-720-1555 Fax: 717-720-3911

nicholas.peachey@pheaa.org

August 17, 2021

Michael R. Rhodes, Clerk
U.S. Bankruptcy Court
5414 U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

Re: *In re: Joseph M. Panigall and Sheila A. Panigall*, No. 18-24599-CMB; Chapter 13

Dear Clerk Rhodes:

Enclosed please find for filing the original *Request to Restrict Public Access to Claim* for filing in the above-referenced case.

If you have any questions, please contact me using the information in my letterhead.

Sincerely,

A handwritten signature in blue ink, appearing to read "NP", with a long horizontal flourish extending to the right.

Nicholas Peachey
Attorney, Legal Services Division
Pennsylvania Higher Education Assistance Agency

NP
Enclosures